, <b></b>	7 1951	STANDARD CERT	IFICATE OF DEATH	State	File No
BIRTH NO		REG. DIST. NO	_ PRIMARY REG. DIST. NO.	4/15 Regi	strar's No. 3
a. COUNTY		2 A-	a. STATE NISSO	b CO	ived. If institution: recklence be
b. CITY (If outside a TOWN TOWN			F c. CITY (If outside corporate		and give township) 02"/6
d. FULL NAME OF HOSPITAL OR INSTITUTION	(If not in hospital or	institution, give street address or location	<u>-                                     </u>	rural, give location)	
3. NAME OF DECEASED (Type or Print)	a. (First)	b. (Middle)	SowERS	4. DATE OF DEATH	(Month) (Day) (Year)
MALEDY	COLOR OR RACE			9. AGE (In year last birthday)	J - 5 - 1951 Are S DECEN ! TAR S DECEN IN SER. Months Days House Min
0a: USUAL OCCUPATI	das iljo, evez if retired	10b. KIND OF BUSINESS OR IN	II. BIRTHPLACE (State or form		12. CITIZEN OF WHA
3a. FATHER'S NAME	<u> </u>	136. MOTHER'S MAIDE		NAME OF HUSBAN	D OR WIFE
S. WAS DECEASED EV		FORCES?   16. SOCIAL SECURITY	17. INFORMANT'S SI	SOWERS	ADDRESS
18. CAUSE OF DEATH Enter only one couse per	1. DISEASE OR (		CERTIFICATION	$\wedge$	INTERVAL BETWEEN ONSET AND DEATH
*This does not mean the mode of dying, such as heart fallure, asthenia.	ANTECEDENT C Morbid condition rise to the above	CAUSES ns. if any, giring DUE TO (b) couse (s) stating	CORONARY S	CHLEROSIS	UNK.
	ika underisina ca				
tc. It means the dis- ass, injury, or complica- ion which caused death.	II. OTHER SIGN	DUE TO (c)  IFICANT CONDITIONS ibuting to the death but not	· · · · · · · · · · · · · · · · · · ·	<del></del>	e/21
tc. It means the dis- ass, injury, or complica- ion which caused death.	II. OTHER SIGN  Conditions contri related to the dise	DUE TO (a)  IFICANT CONDITIONS		<u> </u>	20. AUTOPSY?
te. It means the dis- ase, injury, or complica- tion which caused death.  9a. DATE OF OPERA- TION	II. OTHER SIGN  Conditions contri related to the dise	DUE TO (c)  IFICANT CONDITIONS  shuting to the death but not case or condition cousing death.	21c. (CITY, TOWN, OR TOWN	SHIP) (CC	
tc. It means the dis- ase, injury, or complica- ion which caused death.  9a. DATE OF OPERA- TION  1a. ACCIDENT SUICIDE HOMICIDE	II. OTHER SIGN Conditions contracted to the dise 19b. MAJOR FIN	DUE TO (c)  IFICANT CONDITIONS  Ibuting to the death but not take or condition couring death.  NDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, fastory, street, office bidg., etc.)  (Hour)  21e. INJURY OCCURRED  WHILE AT   NOT WHILE	21c. (CITY, TOWN, OR TOWN		.   20. AUTOPSY?   YES   NO   2
tc. It means the dis- ase, injury, or complica- ion which caused death.  9a. DATE OF OPERA- TION  1a. ACCIDENT SUICIDE HOMICIDE  1d. TIME (Month) OF INJURY  2. I hereby certify to	II. OTHER SIGN Conditions controlled to the disc 19b. MAJOR FIN (Specity) (Day) (Year)	DUE TO (c)  IFICANT CONDITIONS ibuting to the death but not age or condition cousing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., to or about bome, farm, fastory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK	21f. HOW DID INJURY OCCU 	R?, 19.5 /_, t	20. AUTOPSY?  YES NO DUNTY) (STATE)  hat I last saw the decease
te. It means the dis- use, injury, or complica- on which caused death.  Ba. DATE OF OPERA- TION  Is. ACCIDENT SUICIDE HOMICIDE Id. TIME (Month) OF INJURY  2. I hereby certify a alive on	II. OTHER SIGN Conditions controlled to the disc 19b. MAJOR FIN (Specity) (Day) (Year)	DUE TO (c)  IFICANT CONDITIONS  Shuting to the death but not case or condition cousing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK the deceased from 5.4 and that death occurred at (Degree or title)	211. HOW DID INJURY OCCU 	R?, 19.5 /_, t	20. AUTOPSY?  YES NO DUNTY) (STATE)  hat I last saw the decease late stated above.  23c. DATE SIGNED
12. It means the dis- ase, injury, or complica- ion which caused death.  9a. DATE OF OPERA- TION  1a. ACCIDENT SUICIDE HOMICIDE Id. TIME (Mouth) OF INJURY  2. I hereby certify a live on  3a. SIGNATURE  1a. BURIAL, CREMA INN. REMOVAL Beach	II. OTHER SIGN Conditions contri related to the dise 19b. MAJOR FIN (Specity) (Day) (Year)  that I attended 7, 195	DUE TO (c)  IFICANT CONDITIONS  Ibuting to the death but not nate or condition cousing death.  IDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, fastory, street, office bidg., sta.)  (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK the deceased from 5.4.  I, and that death occurred at Course or title)    24c. NAME OF CEMETER	211. HOW DID INJURY OCCU 	, 1951, to	20. AUTOPSY?  YES NO OUNTY) (STATE)  that I last saw the decease at stated above.    23c. DATE SIGNE
tc. It means the dis- ase, injury, or complica- ion which caused death.  9a. DATE OF OPERA- TION  1a. ACCIDENT SUICIDE HOMICIDE  1d. TIME (Month) OF INJURY  2. I hereby certify to	II. OTHER SIGN Conditions contri related to the dise 19b. MAJOR FIN (Specity) (Day) (Year)  that I attended 7 , 19 5	DUE TO (c)  IFICANT CONDITIONS  Ibuting to the death but not case or condition cousing death.  NDINGS OF OPERATION  21b. PLACE OF INJURY (e.g., in or about home, farm, factory, etreet, office bidg., etc.)  (Hour) 21e. INJURY OCCURRED WHILE AT WORK AT WORK the deceased from	211. HOW DID INJURY OCCU 	, 19.5-/_, t. ises and on the d	20. AUTOPSY?  YES NO DUNTY) (STATE)  hat I last saw the decease late stated above.    23c. DATE SIGNE   /- 7-5/ rn, or county) (State)

Data Received:  DISTRICT HEALTI  DISTRICT FILE NO	2-1-	6   ; #2 ; 51-318
Dato REALING	iniber 2	٠, ٢
Date Received:  DISTRICT HEALTI  DISTRICT FILE NO  District FILE  Date File	FEB 6	1951

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STATEMENT BY LICENSED EMBALMER
I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by

working under my personal supervision.

Student Embalmer

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with

the above constitutes grounds for revocation of license.)

If this body is not embalmed, fact should be so stated above.